

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3	1					
4						
5	1					
6						
7	3					
8	3					
9	3					
10	5					
11	1					
12	1					
13	1					
14						
15	2					
16	2					
17	2					
18	2					
19	2					
20	1					
21	2					
22	2					
23	2					
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46						
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48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	24					
TOTAL CLAIMS	29					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						